2004 LIMITED LIABILITY COMPANYANNUAL REPORT

DOCUMENT # L99000001660

1. Entity Name

STE I

Principal Place of Business

1020 W EAU GALLIE BLVD

MELBOURNE, FL 32935

SPRING CREEK-MELBOURNE, L.C.



Mailing Address

1020 W EAU GALLIE BLVD

STE I

DO NOT WRITE IN THIS SPACE

MELBOURNE, FL 32935



03-31-2004 90349 006 ****50.00



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3565337

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901

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	e named entity submits this statement for the purpose of char ations of registered agent.	inging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATUR	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUST, DONALD E 751 SOUTH DRIVE SUITE 7 MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, WILLIAM C 2850 PINEAPPLE AVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CATY-ST-ZIP	•	

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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MGR 1001 1001 0 SM -41 3/1/104 (321) 259-8957